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(R) 71

DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [signature] DATE 3/9/84

RD ☐ XDS ☐ EXT. DATE _____

TS AUTH. _____ REASON(S) _____

EXISTING MARKINGS ☐

RELEASABLE ☑

RELEASE DENIED ☐

FA or FOI EXEMPTIONS _____

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